MONTHLY BUY OUT RATES FOR ACTIVE EMPLOYEES AND RETIREES EFFECTIVE JULY 1, 2008

	NON-MEDICARE PLANS											
	INDIVIDUAL COVERAGE					FAMILY COVERAGE						
NAME	INDIVIDUAL	GROSS AMT.	FEDERAL	STATE	FEDERAL	NET	FAMILY	GROSS AMT.	FEDERAL	STATE	FEDERAL	NET
OF	FULL	25% OF	TAX	TAX	PLUS		FULL	25% OF	TAX	TAX	PLUS	
HEALTH PLAN	COST	F/C IND.	(20%)	(5%)	STATE TAX	AMOUNT	COST	F/C FAM.	(20%)	(5%)	STATE TAX	AMOUNT
Fallon Community Health Plan-Direct Care	\$394.51	\$98.63	\$19.73	\$4.93	\$24.66	\$73.97	\$946.81	\$236.70	\$47.34	\$11.84	\$59.18	\$177.52
Fallon Community Health Plan-Select Care	468.17	117.04	23.41	5.85	29.26	87.78	1,123.60	280.90	56.18	14.05	70.23	210.67
Harvard Pilgrim Independence Plan	509.72	127.43	25.49	6.37	31.86	95.57	1,233.29	308.32	61.66	15.42	77.08	231.24
Health New England	423.88	105.97	21.19	5.30	26.49	79.48	1,050.82	262.71	52.54	13.14	65.68	197.03
Navigator by Tufts Health Plan	482.61	120.65	24.13	6.03	30.16	90.49	1,164.77	291.19	58.24	14.56	72.80	218.39
NHP Care (Neighborhood Health Plan)	418.60	104.65	20.93	5.23	26.16	78.49	1,109.29	277.32	55.46	13.87	69.33	207.99
UniCare State Indemnity Plan/Basic	713.16	178.29	35.66	8.91	44.57	133.72	1,665.49	416.37	83.27	20.82	104.09	312.28
UniCare State Indemnity Plan/Community Choice	407.88	101.97	20.39	5.10	25.49	76.48	978.90	244.73	48.95	12.24	61.19	183.54
UniCare State Indemnity Plan/PLUS	517.91	129.48	25.90	6.47	32.37	97.11	1,235.97	308.99	61.80	15.45	77.25	231.74

MEDICARE PLANS										
	MEDICARE	GROSS AMT.	FEDERAL	STATE	FEDERAL	NET				
NAME OF HEALTH PLAN	FULL	25% OF	TAX	TAX	PLUS					
	COST	F/C MED.	(20%)	(5%)	STATE TAX	AMOUNT				
Fallon Senior Plan	\$198.36	\$49.59	\$9.92	\$2.48	\$12.40	\$37.19				
Harvard Pilgrim Medicare Enhance	353.29	88.32	17.66	4.42	22.08	66.24				
Health New England MedPlus	354.74	88.69	17.74	4.43	22.17	66.52				
Tufts Health Plan Medicare Complement	322.77	80.69	16.14	4.03	20.17	60.52				
Tufts Health Plan Medicare Preferred	167.00	41.75	8.35	2.09	10.44	31.31				
UniCare State Indemnity Plan/Medicare Extension (OME)	342.08	85.52	17.10	4.28	21.38	64.14				
Note: The Medicare full cost rates do not include the Medicare Part B premium.										



Benefits Connection